

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						<b>CLAIMS</b>			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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48									
49									
50									
TOTAL IND.	9								
TOTAL DEP.	21								
TOTAL CLAIMS	30								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS